

**FRANKLIN COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES**  
**REQUEST FOR PROPOSAL (RFP)**  
**For**  
**WORKFORCE DEVELOPMENT SERVICES**  
**MARCH 2007**

**I. Purpose**

The Franklin County Department of Job and Family Services (FCDJFS) is accepting proposals from organizations that will provide a variety of services to TANF-eligible customers in Franklin County. FCDJFS will be selecting contractors to provide the following services:

- Orientation Classes
- Comprehensive Assessment
- Barrier Intervention and Compliance Classes
- Interpretation and Translation Services for the Orientation and Compliance Classes
- Computer Training
- Job Readiness Assistance (JRA)
- Development of Work Experience Program (WEP) and Community Service Sites

FCDJFS is restructuring the manner in which services are provided in order to provide the best possible services to our customers and to meet the new requirements set forth in the Deficit Reduction Act and TANF Reauthorization. **Attendance at the Bidders' Conference is highly recommended in order to understand the new structure and how the services in this RFP will be part of the continuum.**

Vendors are **not** limited to proposing services in only one of the strategic areas. Vendors may submit proposals for one or more of the services; however, if more than one service is proposed the vendor must submit a **separate** proposal for each service.

The Franklin County Department of Job and Family Services will have approximately \$8,000,000 available for the purchase of TANF services for the time period beginning June 1, 2007 and ending June 30, 2008. FCDJFS may extend a contract for services related to this RFP process for two additional 12 month periods upon mutual consent of the parties and contingent upon the availability of funding and successful contract performance of the vendor.

**II. Specifications**

***Schedule***

RFP Issued	March 1, 2007
Bidders' Conference	<b>March 9, 2007</b> <b>1:00pm to 4:00pm (approximate)</b> <b>West Community Opportunity Center</b> <b>314 North Wilson Road</b>
Letter of Intent Due	4:00pm day of the Bidders' Conference
<b>Proposals Due</b>	<b>March 29, 2007 by 4:30 pm</b>
Intent to Award	May 4, 2007 (estimated)
Work Begins	June 1, 2007 (estimated)

## ***Letter of Intent***

Providers who want to receive updates regarding addenda or clarifications of response to this RFP are encouraged to submit a Letter of Intent by **4:00pm the day of the Bidders' Conference**. All questions submitted prior to the Bidders' Conference will be answered at the Conference. After the Bidders' Conference, all questions and answers will be forwarded upon receipt of the Letter of Intent. In order to ensure that all prospective bidders have equal access to the information, questions submitted after 12:00 pm on March 28, 2007 will not be answered due to the length of time required to research responses. The Letter of Intent **DOES NOT** commit the bidder to submit a proposal.

Fax, e-mail, or hand deliver (do not mail) a Letter of Intent addressed to:

**Franklin County Department of Job and Family Services**

Jane Whyde, Deputy Director of Development Support Services

80 East Fulton Street, 4<sup>th</sup> Floor

Columbus, OH 43215

RE: Letter of Intent for **WORKFORCE DEVELOPMENT SERVICES RFP**

**E-mail:** [dssrfp@fcdjfs.co.franklin.oh.us](mailto:dssrfp@fcdjfs.co.franklin.oh.us)

**Fax:** **614.462.6451**

The Letter of Intent must state that the provider intends to submit a proposal in response to this RFP and the name, title, address, telephone number, e-mail address, and fax number of its contact person. A form has been provided (See **Attachment O**). FCDJFS will acknowledge receipt of the Letter of Intent by return fax or e-mail and will direct all correspondence regarding addenda to or clarification of this RFP to the contact person. FCDJFS is NOT responsible for a malfunctioning fax machine and/or e-mail account.

FCDJFS is not responsible for a bidder's failure to receive information before the Letter of Intent is received. A bidder may submit a proposal without a Letter of Intent; however, failure to submit a Letter of Intent will exclude the provider from the notice list, which may result in missing notification of significant information regarding this RFP.

## ***Bidders' Conference***

FCDJFS will hold a Bidders' Conference on March 9, 2007 from 1:00pm until approximately 4:00pm at the Franklin County Department of Job and Family Services West Community Opportunity Center, located at 314 North Wilson Road. The purpose of the Bidders' Conference is to review the requirements of this RFP, to respond to participants' questions regarding any aspects of the RFP, and to answer any questions posed prior to the Conference. Although attendance at the Bidders' Conference is not required, **potential bidders are highly encouraged to attend. Questions may be posed and answered in this forum that will significantly increase the ability of the bidder to submit a competitive proposal.** Following the close of the Bidders' Conference, all questions from prospective bidders **must be submitted in writing via e-mail or fax** and will be answered, via e-mail or fax, by FCDJFS with both the question and the answer disseminated to all bidders who have submitted a Letter of Intent. *The Franklin County procurement policy stipulates that FCDJFS staff is prohibited from conducting conversations with individual bidders regarding the RFP between the date of the RFP's release and the date of the proposal submission deadline.* The Bidders' Conference is the most effective opportunity for the bidder to gain an understanding of the focus and priorities of the RFP and to ensure that the bidder completely understands the submission requirements and processes.

## ***Proposal Submission***

**For your proposal to be considered, the following must be received NO LATER THAN 4:30 pm on Thursday, March 29, 2007 (See Attachment Q – Proposal Checklist):**

- The COLLATED original and NINE (9) copies (**total of 10**) of the proposal (See **Attachments H, I, J, and K** – Proposal Format) including:
  - Transmittal Form (See **Attachment N**)
  - Partnership Statement (If applicable)
  - Subcontractor Statement (If applicable)
  - Project Summary (one page maximum)
  - Project Narrative (ten page maximum)
  - Table of Organization for Agency and Program
  - Summary of Qualifications for Current Employees/Job Descriptions for Vacant Positions
  - Detailed Outline of Proposed Curriculum (If applicable)
  - Assessment/Evaluation Tools (If applicable)
  - Budget Documents (See **Attachment M**)
- The COLLATED original and ONE (1) copy (**total of 2**) of the Required Documentation (See **Attachment L**)

Hand deliver, courier, or mail to:

**Franklin County Department of Job and Family Services**

80 East Fulton Street, 4<sup>th</sup> Floor

Columbus, OH 43215

Attention: Jane Whyde, Deputy Director of Development Support Services

Providers assume the risk of the method of dispatch chosen. FCDJFS assumes no responsibility for delays caused by any delivery service. Postmarking by the due date will not substitute for actual proposal receipt. **Proposals may NOT be delivered by facsimile transmission or other telecommunication or electronic means.** Hand delivered proposals may be delivered ONLY between the hours of 8:30am and 4:30pm, Monday through Friday, excluding holidays observed by FCDJFS and **prior to the proposal due date**. Proposals must be delivered to Development Support Services staff located on the 4<sup>th</sup> floor at 80 East Fulton Street. Proof of delivery includes either of the following: dated receipt from FCDJFS or a dated invoice/receipt from a commercial carrier.

**No extensions of time will be given.** Proposals will be reviewed as received and **must be complete** at the time of submission. All proposals and accompanying documents will become the property of FCDJFS and will not be returned. All documents submitted to FCDJFS as part of your proposal become public information if a contract is awarded and will be available for review and inspection to anyone submitting a request to do so. FCDJFS does not encourage the submission of confidential or proprietary information in response to this RFP. The submission of a proposal will be considered by FCDJFS as constituting an offer to perform the services indicated for the stated program costs.

## **III. Considerations**

This RFP does not constitute an offer. Acceptance of proposals for review does not commit FCDJFS to award a contract, nor is FCDJFS liable for any costs incurred in the preparation of proposals. FCDJFS reserves the right to award contracts to a single bidder, multiple bidders, or

to reject any and all proposals or parts of proposals received. If FCDJFS elects to initiate contract negotiations, these negotiations cannot involve changes in FCDJFS requirements or the bidder's proposal which would, by their nature, affect the basis of the source selection and the competition previously conducted. FCDJFS reserves the right to negotiate services and costs on any and all proposals or to cancel this RFP in part or in its entirety. Final contracts will be subject to applicable rules and regulations under the Temporary Assistance for Needy Families (TANF) and Refugee Resettlement Social Services (RRSS) funding requirements.

**Proposals submitted in response to this RFP must comply with the specifications stated herein. Failure to adhere to the formatting requirements may result in the proposal being determined non-responsive and may result in the elimination of the proposal from consideration.** At the option of the Franklin County Department of Job and Family Services, any or all aspects of the successful proposal(s) will become contractual obligations if acquisition action ensues. Failure of the successful bidder to accept these obligations in the contract may result in cancellation of the award.

Final approval of a contract for these services depends on the availability of State funds and the continued authorization of funds under current legislation.

#### **IV. Scope of Services to be Provided (Program Model)**

##### **Orientation Class**

*Location:* Franklin County Department of Job and Family Services Job Center, 1111 East Broad Street, Suite 203, Columbus, Ohio 43205

*Number of Participants:* 30 to 45 per week (estimated)

*Eligibility:* Workforce Development staff will complete the TANF registration forms and provide proof of income - the successful bidder must acquire and maintain a copy of all eligibility paperwork in the participant files

The orientation class will be a two week assignment for approximately 80% of the customers receiving cash assistance. The successful bidder will be responsible for beginning a two-week orientation class every Monday (i.e. 52 classes per year). The class structure needs to be flexible enough to allow for customers to be pulled out of the classroom for assessment activities. The class activities will be conducted by both the Franklin County Department of Job and Family Services Workforce Development staff and the successful bidder(s) (See **Attachment B** – Job Readiness Assessment Orientation Matrix).

The curriculum should contain the following types of activities:

1. Resume and Cover Letter Development
2. Basic Computer Literacy and Usage
3. Customer Service Skills in the Workplace

FCDJFS will purchase interpretation services for this component; however, prospective bidders will need to address in their proposals how culturally sensitive services will be provided to Limited English Proficient (LEP) customers.

##### **Assessment**

*Location:* Franklin County Department of Job and Family Services Job Center, 1111 East Broad Street, Suite 203, Columbus, Ohio 43205

*Number of Participants:* 30 to 45 per week (estimated)

*Eligibility:* Workforce Development staff will complete the TANF registration forms and provide proof of income - the successful bidder must acquire and maintain a copy of all eligibility paperwork in the participant files

The assessment of customers is an integral component of the system to better match customers with available services and assist them with reaching self-sufficiency. At a minimum the assessment process should include the following elements:

1. Reading and Math levels
2. Identification of Career Interests and Experience
3. Aptitude tests for specific career paths
4. Barrier Identification (health, mental health, transportation, physical disabilities, AOD, legal issues, child care, familial)

Customers will be available during the first week of the two week orientation class to participate in the assessment activities (See **Attachment B** – Job Readiness Assessment Orientation Matrix). The assessment process should be designed to be as streamlined and cost efficient as possible while collecting the information needed to assist with planning needed services that will allow the customer to progress to self-sufficiency.

After the assessment data is collected, an analysis and summary report must be generated for use by FCDJFS staff and subsequent service providers to assist the customer. The report must be completed while the customer is in the second week of the orientation class and should include recommendations for the types of services that the customer needs. This information will be used to develop and make appropriate assignments for the next 12 months or until job placement is achieved. In addition, the successful bidder will be expected to complete a one-on-one analysis of the assessment results with each customer during the second week of the orientation class.

Interpretation services will be provided for group assessments; however, the successful bidder will be responsible for providing interpretation services for individual assessments. Prospective bidders will need to address in their proposals how culturally sensitive services will be provided to Limited English Proficient (LEP) customers and customers with low literacy levels.

### **Barrier Intervention and Compliance Class**

*Location:* Franklin County Department of Job and Family Services Job Center, 1111 East Broad Street, Suite 203, Columbus, Ohio 43205

<i>Number of Barrier Intervention Referrals:</i>	30 to 45 per week (estimated)
<i>Number of Compliance Class Participants:</i>	Bidders should be prepared to serve 30 to 45 per week (estimated)

*Eligibility:* Workforce Development staff will complete the TANF registration forms and provide proof of income - the successful bidder must acquire and maintain a copy of all eligibility paperwork in the participant files

Barrier intervention specialists are needed to work with customers to address and alleviate the barriers identified in the assessment process or during the receipt of subsequent services. The successful bidder will provide services to assist the customer with identifying resources for transportation, child care, or other support services such as resolving homelessness, domestic violence, health, or legal issues. The vendor will be expected to address any issues that would stand in the way of the customer participating in assigned activities or obtaining and

maintaining employment; however, this service is not intended to be long term intervention. It is expected that the customer may need initial or intermittent intervention. Customers having mental health or substance abuse barriers will be referred to another service designed to provide longer term support throughout the process of training and work experience. The successful bidder will link customers with other community resources and services to address longer term or severe individual or family issues.

If a participant's benefits have been terminated or suspended because they have not met participation requirements, they must attend a one week compliance class in order for benefits to be reinstated. This class will consist of a review of the participation requirements, future consequences if participation is not maintained, and job search activities. Customers in this class may need to work with the barrier intervention specialists in order to address barriers that have contributed to participation failure. These barriers may include issues that arise or are discovered after the initial assessment process. The class may be completed during the time period during which the sanction is being served; however, the sanction cannot be lifted until the class has been completed. For example, a customer would lose cash benefits for one month the first time he/she is sanctioned (a Tier One sanction). If he/she completes the compliance class during the month of the sanction, then benefits will be reinstated at the end of the month. If he/she does not attend the compliance class during the month of the sanction, the sanction will not be lifted until the compliance class has been completed.

Sanction levels include:

- Tier One (the first participation non-compliance event) – One month
- Tier Two (the second participation non-compliance event) – Three months
- Tier Three (the third or subsequent participation non-compliance event) – Six months

FCDJFS will have a sanction unit that will work closely with the barrier intervention specialists and compliance class staff to ensure compliance and that sanctions are lifted in a timely manner.

FCDJFS will purchase interpretation services for this component; however, prospective bidders will need to address in their proposals how culturally sensitive services will be provided to Limited English Proficient (LEP) customers.

### **Interpretation and Translation Services for the Orientation and Compliance Classes**

*Location:* Franklin County Department of Job and Family Services Job Center, 1111 East Broad Street, Suite 203, Columbus, Ohio 43205

*Number of Hours:* Thirty hours each per week for Spanish and Somali; on-call for other languages

Interpretation and Translation services are needed to assist FCDJFS staff with communicating with Limited English Proficient (LEP) customers who are participating in the orientation and/or compliance classes.

A list of participants will be generated by the Wednesday prior to the beginning of the classes as notification of the languages being requested. It is expected that all interpreters will be trained in the ethical and professional codes of conduct for an interpreter. In addition, interpreters should have a basic knowledge of the terms utilized by FCDJFS so they can be accurately communicated to the customer.

Priority will be given to bidders that can provide a wide variety of languages that are representative of the refugee and immigrant populations residing in central Ohio.

FCDJFS will request the translation of class materials so customers may have access to information in their language of origin. It is expected that translation of materials will be completed in a timely manner based on the size of the document and will be proofread to ensure correct spelling and grammar. Documents must be translated and entered into a Microsoft Word document. Both a hard copy and an electronic copy of the formatted document should be provided.

### **Computer Training**

*Location:* Off-site

*Number of Participants:* 30 to 45 per week (estimated)

*Eligibility:* Workforce Development staff will complete the TANF registration forms and provide proof of income - the successful bidder must acquire and maintain a copy of all eligibility paperwork in the participant files

With the technological needs of the workforce today, a one week basic computer course will need to be incorporated into the training received by all customers. Most employers require a basic familiarity with computers in order to conduct day to day operations and many employers are moving toward an online application process in order to ensure applicants have those basic skills. The curriculum for this course must address the needs of the central Ohio workforce and the proposal should include an outline of the curriculum and research supporting the curriculum elements.

There will be one class for this activity serving both English speaking and Limited English Proficient (LEP) customers. The successful bidder(s) will be responsible for providing interpretation services to class participants.

In order to provide this service, the prospective bidder must be an educational entity or provide this service as a tuition-based program to the community. The course content must be 30 hours in length; however, the classroom should operate for 40 hours each week in order to ensure that customers are able to complete the required hours for participation.

### **Job Readiness Assistance (JRA)**

*Location:* On-site at one of the agency's Community Opportunity Centers, off-site at another facility, or at a combination of on-site and off-site locations, with priority given to those plans that propose to provide on-site JRA services at the FCDJFS Community Opportunity Centers

*Number of Participants:* 120 to 180 per month (estimated)

*Eligibility for FCDJFS-referred customers:* Workforce Development staff will complete the TANF registration forms and provide proof of income - the successful bidder must acquire and maintain a copy of all eligibility paperwork in the participant files

*Eligibility for vendor-recruited customers:* TANF registration forms will need to be completed and the successful bidder will be required to verify eligibility

The goals of the Job Readiness Assistance (JRA) services program are to assist agency customers with successfully seeking, obtaining, and retaining employment in the community. Ohio Works First (OWF) is Ohio's temporary assistance for needy families (TANF) program, which provides time-limited cash assistance to eligible families. As a condition of eligibility, participants are required to complete a minimum of 30 hours of training, educational, and/or work-related activities per week. Under Ohio guidelines Job Readiness Assistance services are an allowable component of the mandatory work activity. In order to ensure that customers

are able to complete the required hours of participation and make up missed hours, the JRA classrooms should be operational for 40 hours per week.

Under the new FCDJFS structure, individuals assigned to the four week JRA program will begin the JRA program having already completed the assessment process. A customer profile will be provided to the assigned JRA program in order to assist the vendor with helping each customer identify employment opportunities in his/her occupation(s) of interest and achieving successful job placement.

Classroom, curriculum-based activities that would support these goals should include activities designed to:

- Develop the work and interpersonal skills needed to be successfully employed
- Assist participants with completing job applications/resumes, developing and strengthening interview skills, and learning job search skills
- Assist participants with identifying employment opportunities and resources that lead to employment
- Support participants both on and off the job site in order to assist them with adjusting to job responsibilities and retaining employment
- All proposals must include a component that places participants in employment and must include strategies to assist customers with the successful acquisition of unsubsidized employment and the achievement of four-month job retention

FCDJFS will be purchasing separate programs to serve English speaking customers and Limited English Proficient (LEP) customers. Prospective bidders may submit an application to provide both services or may submit an application specializing in just one of the customer populations.

### **Development of Work Experience Program (WEP) and Community Service Sites**

*Number of sites that need to be developed and maintained:*

- 750 Work Experience Program Sites
- 600 Community Services Sites

The Work Experience Program (WEP) and Community Service are valuable tools for FCDJFS customers to prepare for and achieve employment by assisting customers with the acquisition of experience and references that can be reflected on job applications. WEP is an activity that provides an individual with an opportunity to acquire the general skills, training, knowledge, and work habits necessary to obtain and retain employment. Community Service is similar to WEP but is under the guidance of public or nonprofit organizations and provides customers with the ability to work for the direct benefit of the community in order to acquire the general skills, training, knowledge, and work habits necessary to obtain and retain employment.

The successful bidder will work closely with FCDJFS staff to ascertain the types of placements that are needed in order to develop the skills identified through the assessment process as most in demand to meet customer needs and interests, including placements for ex-offenders, individuals with physical barriers, and Limited English Proficient (LEP) individuals. Development of sites includes generating an Employer/Work Activity Site Profile that describes the organization, a position description that specifies activities that the customer will undertake in the position, and the execution of an agreement between the organization and FCDJFS. All sites must be synchronized and approved by the FCDJFS Employment and Training Site Management Unit (ETSM). See **Attachment G** (Program Requirements) for additional information.



Monthly reports of activities will be required and pre-approval of printed materials used in recruitment of the sites is required.

### ***Participant Eligibility***

The only eligible customers will be those individuals referred for services by Franklin County Department of Job and Family Services staff. The only exception to this is Job Readiness Assistance (JRA), for which the successful bidder(s) may recruit outside participants; however, referrals from FCDJFS must take priority. Participants must have a minor child and the income of the assistance group must be at or below 200% of the Federal Poverty Guideline for TANF-funded programs (See **Attachment D**). Immigrants or refugees must have been in the country for less than five years to be considered eligible for Refugee Resettlement Social Services-funded programs.

All services must be provided to eligible participants regardless of national origin or primary language.

FOR JRA VENDOR-RECRUITED CUSTOMERS ONLY: The successful project bidder(s) will be responsible for assisting the applicant with accurate completion of the application and for screening the application for eligibility. FCDJFS will be responsible for reviewing the application and confirming eligibility and will be the final authority regarding participant eligibility, including evaluation of the applicant's needs and whether the program can be of benefit to the individual and/or family.

## **V. Responsibilities**

### ***Provider***

- Provide all services within the contract terms
- Follow all rules and regulations governing the implementation and provision of TANF and RRSS services
- Submit invoices and reports according to the guidelines established by FCDJFS
- Permit site visits from FCDJFS staff or the agency's designees in order to monitor files, financial records, and program implementation
- Assist applicants with accurate completion of the TANF Registration Form (If applicable) (See **Attachment E**)
- Collect data and provide programmatic and fiscal reports as required by FCDJFS
- Maintain fiscal records in accordance with standard accounting practices and provide FCDJFS with specified financial reports designed to verify and analyze expenditures
- Participate fully in any program evaluation conducted by FCDJFS or a consultant hired by FCDJFS, including the following:
  - Timely submission of any and all required data
  - Obtaining releases of information from participants, if required
  - Completing all evaluation reports
  - Meeting with evaluators

### ***Franklin County Department of Job and Family Services***

- Provide ongoing technical assistance regarding eligibility and allowable activities
- Monitor and review program performance in relationship to stated program goals
- Review all TANF Registration Forms and approve participants' eligibility

- Act as the final authority regarding eligibility questions and the handling of grievances

## VI. Payment Process

**Payment will be made for the contracted units of service provided, not by cost reimbursement or line item reimbursement. All contracts will be performance-based with negotiated units of service. Fiscal reports will continue to require reporting of actual expenditures.**

The provider must certify that claims made to FCDJFS for payment of purchased services are for actual services rendered to eligible individuals and are for the completion of contracted performance standards/measures.

Payment for services provided will be made upon submission of an invoice and required monthly reports to FCDJFS by the 15<sup>th</sup> day following the month of service. Invoices received after the 15<sup>th</sup> day following the month of service will reflect negatively on vendor's contract performance. Invoices may be submitted only for services provided during the effective dates of the contract and must reflect the approved fixed unit cost for each unit of service. Units of service provided before or after the dates specified in the contract are not eligible for payment.

All claims for payment must be made in a timely manner. Any invoice received by FCDJFS more than 30 calendar days after the last date of the contract period is subject to nonpayment.

## VII. Proposal Evaluation Criteria

Each proposal that is submitted on time and which meets the requirements listed in this RFP will be evaluated by a review team using the attached score sheets to determine the organization's ability to perform the services (See **Attachment P** – Proposal Review Sheets).

## VIII. Contract Award

FCDJFS will issue a letter of intent to award to the selected provider(s) and will notify unsuccessful providers as soon as they have been eliminated from consideration.

All contracts are subject to approval and funding by the Franklin County Board of Commissioners. If the Board of Commissioners does not approve the contract and funding, the contract shall not be awarded. In the event that federal or state funds become unavailable, the contract shall be cancelled in accordance with the RFP and standard contract provisions.

## IX. Protest

A provider may protest the decision resulting from the review of this RFP by following the guidelines listed.

- A. FCDJFS shall consider a **written** protest that is received by FCDJFS within five (5) business days of the date of the letter notifying the vendor that the proposal submitted was not accepted. The following should be included in the Notification of Protest:
  - Name, address, telephone number, and fax number of protester
  - RFP name

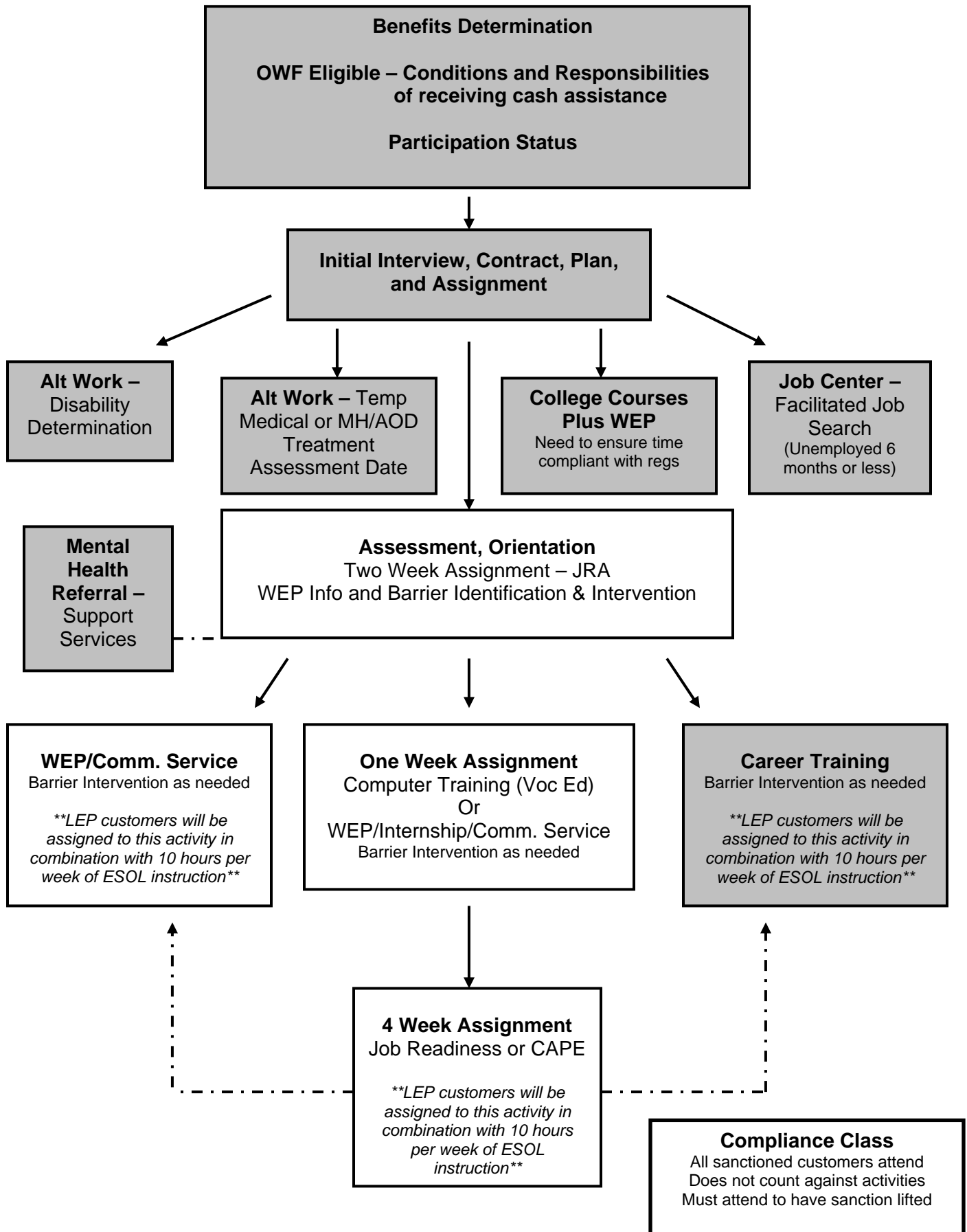
- B.** The provider must then submit, within five (5) business days of the Notification of Protest, a formal protest in writing that must include a detailed statement of the grounds for the protest including copies of relevant documents.
- C.** The written protest must be mailed to:

**Franklin County Department of Job and Family Services**  
Deputy Director, Quality Support Services  
80 East Fulton Street, 4<sup>th</sup> Floor  
Columbus, Ohio 43215

# Attachments

- A.** Work Activity Services Flow Chart
- B.** Job Readiness Assessment Orientation Matrix
- C.** Community Opportunity Center Locations
- D.** 2007 Federal Poverty Guideline
- E.** TANF Registration Form
- F.** Background: Funding Sources
- G.** Program Requirements
- H.** Orientation Classes, Barrier Intervention and Compliance Classes, Computer Training, and Job Readiness Assistance (JRA) Proposal Format
- I.** Comprehensive Assessment Proposal Format
- J.** Interpretation and Translation Services for the Orientation and Compliance Classes Proposal Format
- K.** Development of Work Experience Program (WEP) and Community Service Sites Proposal Format
- L.** Required Documentation
- M.** Budget Documents
- N.** Transmittal Form
- O.** Letter of Intent
- P.** Proposal Review Sheets
- Q.** Proposal/Required Documentation Checklist
- R.** Documents That Will Be Available at the Bidders' Conference

## Attachment A Work Activity Services Flow Chart



## Attachment B

## Franklin County Department of Job and Family Services Workforce Development Job Readiness Assessment Orientation Matrix

Prior to placing an individual in a work activity assignment designed to help him/her obtain and retain employment, this orientation is designed to provide a program overview of responsibilities and expectations while assessing the participant's employability and barriers. Elements of the orientation include assessment testing, basic computer literacy and usage, life skills, and job search preparation. Participants will be matched with the appropriate case management and work activity based on their performance on the following curriculum components:

- Attendance
- Attitude
- Personal Appearance and Presentation
- Communication Skills
- Cooperation
- Dependability
- Aptitudes and Interests
- Job Readiness
- Workplace Skills and Problem Solving
- Flexibility
- Punctuality
- Transferable Skills
- Working Relationship Skills
- Honesty

The accompanying matrix outlines the Job Readiness Assessment Orientation daily curriculum and how the responsibilities will be divided between Franklin County Department of Job and Family Services Workforce Development staff and the successful bidder(s).

		Orientation Vendor	Assessment Vendor	Franklin County WFD
Activities				
<b>Day 1:</b>	<b>Attendance and Punctuality Policy:</b> timesheet location; required documentation; reporting lateness and absences; grace period; unsatisfactory attendance; lunch periods; work schedules based on benefit amount and job assignment; break times and designated areas; TANF Registration Form completion			●
	<b>Participant Case Information:</b> gather information in order to maintain current records and necessary contact information			●
	<b>Maintaining a Personal Presentation Compatible with the Workplace:</b> acceptable dress; professional attitude; cleanliness and neatness at the worksite			●
	<b>Applying Work Rules to the Workplace Simulation:</b> <i>Honesty</i> – employee clocks in another one, then lied; <i>Laws and Rules of the Workplace</i> ; <i>Smelly Coworker</i> ; <i>Boss Makes No Allowance for Sick Kids</i> ; <i>Remarks About My Clothes</i>			●
<b>Day 2:</b>	<b>Test-taking Tips:</b> combating test anxiety			●
	<b>Retention Services Overview:</b> provide retention services information; expectations; contact information			●
	<b>Self-Analysis:</b> doing the right thing with one's life			●

		Orientation Vendor	Assessment Vendor	Franklin County WFD
Activities				
Day 3:	<b>Aptitude and Interest Assessment:</b> interest assessment that pinpoints strong interests, dislikes, and areas of little knowledge; provide better awareness of interpersonal strengths, working style, and career styles best suited to those strengths and styles		●	
	<b>Resume and Cover Letter Overview:</b> worksheet and resources to develop the most appropriate resume and cover letter	●		
Day 4:	<b>Transferable Skills Analysis:</b> matching skills with occupations; productivity and quality on the job		●	
	<b>Assessment Testing Analysis</b>		●	
Day 5:	<b>Basic Computer Literacy and Usage:</b> entering, recording, and storing information electronically; improper use of the internet; e-mail; fax machines	●		
Day 6:	<b>Computer Usage to Develop Cover Letter and Resume</b>	●		
	<b>Customer Service Skills in the Workplace</b>	●		
Day 7:	<b>Workplace Violence:</b> conduct on the job; following the change-of-command; coping skills; self-talk; identifying feelings			●
	<b>Body Language:</b> positive and negative body language during conversations, while taking instruction, and receiving criticism			●
	<b>Workplace Simulation:</b> acting appropriately on the job; getting along with coworkers; who you like to work with			●
Day 8:	<b>Understanding Relationships:</b> understanding the difference between a stranger, an acquaintance, and a friend			●
	<b>Workplace Simulation:</b> cell phone usage; offensive music at work; bad teeth and breath; workplace safety			●
Day 9:	<b>Solving Problems:</b> identifying the steps in a standard process to solve problems and make decisions			●
	<b>Getting Ready to Start Your Job:</b> using a checklist to prepare; calling to get appropriate information			●
	<b>Adapting to Change:</b> on the training site or at work			●
	<b>Career Planner Introduction and Overview:</b> Self-Sufficiency Contract and Plan; appointment scheduling			●
Day 10:	<b>Program Completion – Next Steps:</b> One-Stop Career Center usage and documentation requirements; labor market research; self-directed job search; work activity interview and preparation; CRIS-E assignments			●

\*In addition to the scheduled times for assessment during week one, customers will be available to participate in additionally needed assessment activities during the first week of the Orientation class.

**Attachment C**

**Community Opportunity Center Locations**

**East Community Opportunity Center**

1055 Mount Vernon Avenue  
Columbus, Ohio 43203

**North Community Opportunity Center**

345 East Fifth Avenue  
Columbus, Ohio 43201

**Northeast Community Opportunity Center**

3443 Agler Road  
Columbus, Ohio 43219

**South Community Opportunity Center**

3723 South High Street  
Columbus, Ohio 43207

**West Community Opportunity Center**

314 North Wilson Road  
Columbus, Ohio 43204



**Attachment D****2007 Federal Poverty Guideline**

<b>Assistance Group Size</b>	<b>200% TANF Income Standard</b>
1	\$1,702.00
2	\$2,282.00
3	\$2,862.00
4	\$3,442.00
5	\$4,022.00
6	\$4,602.00
7	\$5,182.00
8	\$5,762.00
9	\$6,342.00
10	\$6,922.00

## Attachment E

# Registration Form TANF

VENDOR: \_\_\_\_\_

**A. IDENTIFYING INFORMATION**

<b>Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>		<b>Social Security Number</b>
<b>Mailing Address</b>	<b>City</b>	<b>OHIO</b>	<b>Zip Code</b>	<b>Area Code and Phone #</b>
<b>Resident Status:</b> <input type="checkbox"/> <b>U.S. Citizen</b> <input type="checkbox"/> <b>Lawful Resident Alien (attach verification)</b>				

**B. ELIGIBILITY and VERIFICATION: Check One**

<input type="checkbox"/>	<b>1. This individual receives or is a member of a family that receives Ohio Works First cash payments or receives other FCDJFS benefits and has a minor child.</b> -- Attach verification and complete <b>Section E</b> of this form.
<input type="checkbox"/>	<b>2. This individual needs to have eligibility determined based upon household income.</b> -- Complete <b>Section C</b> , <b>Section D</b> , and <b>Section E</b> of this form and attach verification of income for the past 30 days.

**C. INELIGIBLE HOUSEHOLD MEMBERS**

1. ☐ Yes      ☐ No      Is there a household member in debt to Franklin County Department of Job and Family Services for an OWF overpayment due to fraud?
2. ☐ Yes      ☐ No      Is there a household member who is not a resident of Franklin County?
3. ☐ Yes      ☐ No      Is there a household member who is not a citizen or lawful resident alien?
4. ☐ Yes      ☐ No      Is there a household member who is a fugitive felon or probation/parole violator?
5. ☐ Yes      ☐ No      Is there a household member who has failed to cooperate in establishing paternity or securing child support?
6. ☐ Yes      ☐ No      Is there a household member who has been found to have fraudulently misrepresented his/her residence to obtain benefits in more than one state in the past 10 years?
7. ☐ Yes      ☐ No      Is there a household member who is an unmarried parent under age 18, not living in a supervised living arrangement?
8. ☐ Yes      ☐ No      Is there a household member who is an unmarried, non-high school graduate parent under the age of 19 who is not attending high school or the equivalent?

**If you answered yes to a question, list number of the question(s) and the name of the person(s) below:**

9. \_\_\_\_\_

\*If the person identified in #9 is the applicant, he/she is not eligible for services.

\*If the household member listed in #9 is not the applicant, this individual cannot be counted in household size; however, his/her income must be included when qualifying for services under Section B-2.

**D. IDENTIFYING and FINANCIAL INFORMATION**

Complete the chart below for the members of your household. You must include immediate family members (self, spouse/father of minor child, and minor children). You may also include others living in the household.

Name	Relation to Applicant	SSN	DOB	Source of Income	Monthly Amount of Income
	SELF				

If you are the non-custodial parent of a child residing in Ohio who is younger than 18 years of age or 19 years of age if still in high school, include him/her in the table above.

1. If "zero" income is reported, attach a statement from the applicant documenting other means of support including name, address, and telephone number of the individual providing support to the family.

2. Number of household members from the chart above: \_\_\_\_\_

Subtract the number of ineligible members from Section C: \_\_\_\_\_

TOTAL HOUSEHOLD SIZE: \_\_\_\_\_

**2007 Income Guideline Reference Table**

200% FPG	1	2	3	4	5	6	7	8
	\$1702	\$2282	\$2862	\$3442	\$4022	\$4602	\$5182	\$5762

**E. APPLICANT SIGNATURE**

I am the parent or legal guardian of a minor child and the information provided on this application is complete and correct to the best of my knowledge. I understand that receiving these services will not prevent me from receiving other PRC assistance offered by Franklin County.

Signature of Applicant	Date
------------------------	------

\_\_\_\_\_ For FCDJFS Use Only – Do Not Write Below This Line \_\_\_\_\_

☐ TANF Registration Approved Date \_\_\_\_\_ Date Approval Mailed \_\_\_\_\_

☐ TANF Registration Denied Date \_\_\_\_\_ Date Denial Mailed \_\_\_\_\_

Reason for Denial \_\_\_\_\_

Approved By (Name/Title):	Date:
---------------------------	-------

## **Attachment F**

### **Background: Funding Sources**

#### ***Temporary Assistance for Needy Families (TANF)***

Temporary Assistance for Needy Families (TANF) is a federal block grant created by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. The TANF block grant replaced the Aid to Families with Dependent Children (AFDC) program, which had provided cash assistance to poor families with children since 1935. Under the TANF structure, the federal government provides a block grant to the states, which use the funds to operate their own programs. In Ohio these funds are used in a variety of ways, including the provision of services to eligible low-income families who are in need of assistance with essential supports to move out of poverty and achieve self-sufficiency. The county-administered, state-supervised program must use TANF dollars in ways designed to meet any of the four purposes of TANF outlined in federal law. The four objectives are: “(1) provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives; (2) end the dependence of needy parents on government benefits by promoting job preparation, work, and marriage; (3) prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies; and (4) encourage the formation and maintenance of two-parent families.” Eligible families in Franklin County may receive a continuum of services that are intended to build family capacity, to assist families with becoming self-sufficient, or to maintain or stabilize family functioning.

TANF funding requires that participants must be in their third trimester of pregnancy and/or have a minor child in the assistance group. In addition, the income of the assistance group must be at or below 200% of the Federal Poverty Guideline (See **Attachment D**).

#### ***Refugee Resettlement Social Services***

Refugee Resettlement Social Service (RRSS) funding allows providers to serve individuals and families with or without children who have resided in the United States for less than 5 years. Participants who are referred by FCDJFS will have priority for services provided through RRSS funds.

## **Attachment G**

### **Program Requirements**

All vendors must utilize a Web-based computerized tracking system with scanning capability.

#### ***Orientation Classes, Comprehensive Assessment, Barrier Intervention and Compliance Classes, Computer Training, Job Readiness Assistance (JRA)***

- A.** The provider is responsible for the following data collection and reporting in connection with the delivery of services:
1. Maintenance of individual participant records, which must contain the following information:
    - a. Referral and registration forms
    - b. Documents necessary to verify eligibility and income
    - c. Assessment data
    - d. Documentation of the delivery of services provided
    - e. Hours of participation in program activities
    - f. Attendance records
    - g. Job placement and retention documentation (If applicable)
  2. Maintenance of miscellaneous fiscal data, which must be reported to FCDJFS in the form of quarterly expenditure reports
- B.** Comply with all rules governing Temporary Assistance for Needy Families and Refugee Resettlement Social Services programs and procedures

#### ***Interpretation and Translation Services for the Orientation and Compliance Classes***

The provision of interpretation services requires the availability of interpreters during regular operating hours and the ability to respond to requests for interpreters with prior notice of the languages being requested.

- A.** Keep the following records:
- Date and time of interpretation requests
  - Name and case number of customer receiving interpretation services
  - Documentation of the delivery of services
  - Statistical data regarding the interpretation and translation services provided
- B.** Maintenance of miscellaneous fiscal data, which must be reported to FCDJFS in the form of quarterly expenditure reports
- C.** Comply with all rules governing TANF and Refugee Resettlement Social Services programs and procedures
- D.** Ensure that interpreters providing services for FCDJFS attend an interpreter training course as it is made available
- E.** An internal means of ensuring quality and standards for interpretation and translation services should be in place

## ***Development of Work Experience Program (WEP) and Community Service Sites***

- A.** The provider is responsible for the following data collection and reporting in connection with the delivery of services:
1. Maintenance and monthly submission of records, which must contain the following information:
    - a. Number of Work Experience Program and Community Service sites secured
    - b. Number of Work Experience Program and Community Service positions at each site
    - c. Accumulation of all contracted accounts in an Excel spreadsheet to include:
      - Company name
      - Company address, telephone number, and contact information
      - Target population
      - Dates for which the work activity site has been secured
      - Date transferred to FCDJFS Workforce Development Employment and Training Site Management (ETSM) unit
  2. Maintenance of miscellaneous fiscal data, which must be reported to FCDJFS in the form of quarterly expenditure reports
- B.** Vendors must develop and submit for pre-approval all brochures and other printed materials that will be used for marketing the work activity program
- C.** The development of Work Experience Program and Community Service locations must comply with the following rules and regulations:
1. Federal Register: Part IV, Department of Health and Human Services, 45 CFR Part 261
  2. Reauthorization for the Temporary Assistance for Needy Families (TANF) Program
  3. Deficit Reduction Act of 2005, 45 CFR, Parts 261, 262, 263, and 265
  4. Personal Responsibility and Work Opportunity Act of 1996 (PRWORA) Pub. L. 104-193
  5. Fair Labor Standards Act
  6. Social Security Act, Section 408(d)
  7. Age Discrimination Act of 1975
  8. Rehabilitation Act of 1973, Section 504
  9. Americans with Disabilities Act of 1990
  10. Title IV of the Civil Rights Act of 1964
- D.** Vendors must generate an Employer/Work Activity Site/Job Profile analysis describing each work activity site to be used by the FCDJFS Workforce Development Employment and Training Site Management (ETSM) unit to ensure a match between the needs of the employer site and prospective participants. The following information must be included in the Work Activity Site profile:
1. Company name, address, and contact information
  2. Company description including:
    - a. Profit or non-profit status
    - b. Service type – manufacturing, service, government, or education
    - c. Objective or purpose of the company

- 3. Corporate facility description including:**
  - a. Dress code**
  - b. Shifts**
  - c. Transportation issues (bus line)**
  - d. Indoor/outdoor assignments**
  - e. Temperature/climate**
- 4. Special considerations**
  - a. Lifting specific weight amounts**
  - b. Standing**
  - c. Driving**
  - d. Non-smokers**
  - e. Background check**
  - f. Drug screening**
  - g. Health screening**
- 5. ADA accommodation compliance**
- 6. Documentation of the employer being “in good standing”**

## Attachment H

### **Orientation Classes, Barrier Intervention and Compliance Classes, Computer Training, and Job Readiness Assistance (JRA) Proposal Format:**

Bidders must submit a **separate** proposal and budget for each service that is proposed.

The Franklin County Department of Job and Family Services reserves the right to disqualify all proposals that do not comply with the following instructions:

- Follow the format **EXACTLY** as outlined in this RFP
- All components of the Proposal and Required Documentation should be held together by **binder clips** at the upper left corner
- **Include PAGE NUMBERS on EVERY page of the proposal and required documentation**
- All pages should be ONE (1) sided
- **Do not** submit the Proposal or Required Documentation with paper clips or in binders, folders, or any format that will make photocopying difficult
- All documents requiring signature should be signed in **BLUE** ink

#### **Transmittal Form**

The proposal must include the Transmittal Form (See **Attachment N**), signed in blue ink by the individual authorized to bind the provider legally to fulfill the program requirements.

#### **Statements of Cooperation**

If, in the design of the proposal, more than one agency/business will be providing services, the bidder must identify if the other party(ies) will be a partner or a subcontractor and submit a Partnership or Subcontractor Statement. These are **NOT** letters of support.

##### **A. Partnership Agreement (If applicable)**

If the program is designed as a partnership, the proposal will not be reviewed or considered for funding unless it is accompanied by a Partnership Agreement signed by an authorized representative of the partner organization that verifies the partnership and includes the following:

- Outline of the relationship between the partners
- Clear definition of the role that each partner will assume in the implementation of the project
- Name and contact number of the authorized representative in order to confirm the details of the relationship

##### **B. Subcontractor Agreement (If applicable)**

If the bidder plans to utilize a subcontractor, the proposal will not be reviewed or considered for funding unless it is accompanied by a Subcontractor Agreement signed by an authorized representative of the subcontractor that verifies the relationship. The statement should include the following:

- Outline of the relationship between the bidder and the subcontractor



- Clear definition of the role that each agency will assume in the implementation of the project
- Name and contact number of the authorized representative in order to confirm the details of the relationship

**Project Summary – a one (1) page summary of:**

1. Brief description of the program activities that will be provided to participants
2. The approach that will be taken to accomplish the work necessary for implementation of the program
3. The planned method of evaluating the project's effectiveness and collecting the required performance information

**Project Narrative – 10 page maximum**

Please refer to the Scope of Services and the Program Requirements as a guide for preparing the project narrative.

- 1. Program Design** – Address the following items in this section of the narrative:
  - a. *FOR JRA SERVICES ONLY:* Recruitment and Eligibility Determination – Include the target area to be served and how services will be accessible to the participants
  - b. *FOR COMPUTER TRAINING ONLY:* Explain how services will be accessible to the participants
  - c. Describe the targeted population, the number of participants to be served, the facility where services will be provided (*ONLY if services will not be provided at the FCDJFS Job Center*), and the hours of program operation
  - d. Describe the services that will be provided in order to meet the requirements of this RFP
  - e. If your program provides an educational or training based program, describe the curriculum that will be used in the provision of services along with research citations supporting the curriculum elements and include a detailed outline of the curriculum in the attachment portion of the proposal
- 2. Time Line**

Include a time line of major program activities and the staff responsible for ensuring the completion of each activity
- 3. Goals and Objectives**
  - a. Provide measurable goals and objectives for the program that include and are consistent with the requirements of this RFP
  - b. Describe what each participant will achieve in the program and the tools and strategies that will be utilized to measure each participant's achievement and include examples of the evaluation tools in the attachment portion of the proposal
- 4. System for Overall Program Evaluation**
  - a. Provide a description of how the program will track and monitor the services provided to customers
  - b. Discuss how periodic program evaluations will be completed, who will be responsible for the evaluations, and how needed changes will be addressed
- 5. History and Experience** – Complete for *each* entity (provider, partner, and subcontractor)
  - a. Describe agency and staff expertise in providing these or similar services to the target population, including past performance (if applicable)

- b. Provide a Table of Organization for the *agency* that indicates where this program will be incorporated
- c. Include a Table of Organization for this *project* and describe how the program fits into your agency's mission and vision
- d. Include in the proposal a summary of qualifications for existing staff and job descriptions for program positions that are currently vacant

### **Program Budget**

The budget for the program must reflect efficient administration and good management practices. Anticipated expenditures shown on the budget must be reasonable and in line with those of similar bidders providing comparable services.

Budget forms are attached (See **Attachment M**). These forms **must** be used to list all costs of the services proposed. No other budget format will be accepted.

Indirect costs are allowable if the provider also offers services other than those they are proposing be purchased or are responsible to a parent organization that operates other programs. The indirect cost sheet in the budget packet may be used to calculate indirect costs, or the vendor may substitute another method of calculation as long as a *detailed* explanation of the method is included. If the provider has an established indirect cost rate that is approved by a federal oversight agency such as the Department of Education or the Department of Health and Human Services, that rate may also be used alternatively in this budget.

Complete a budget for the period of June 1, 2007 to June 30, 2008. The purpose of the budget is to arrive at the total cost per participant for each component of the purchased program. The budget should be completed by listing projected expenses under each category, totaling the cost of the program, detailing the number to be served, and calculating the cost per participant.

A detailed training on completion of these budget forms will be offered during the Bidders' Conference.

### **Funding Restrictions:**

- A. Funds may not be used for building, construction, or to purchase or renovate property.
- B. Funds may not be used to supplant existing federal, state, or local funds. For example, a provider could not use these funds to substitute funding that has been earmarked for an existing program. Funds *may* be used for new approaches and/or to expand existing programs.
- C. The funding for State Fiscal Years (SFY) 2007 and 2008 are contingent upon the availability of funds for that time period.
- D. Funds cannot carry over from one fiscal year to the next.

## Attachment I

### **Comprehensive Assessment Proposal Format:**

Bidders must submit a **separate** proposal and budget for each service that is proposed.

The Franklin County Department of Job and Family Services reserves the right to disqualify all proposals that do not comply with the following instructions:

- Follow the format **EXACTLY** as outlined in this RFP
- All components of the Proposal and Required Documentation should be held together by **binder clips** at the upper left corner
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- **Do not** submit the Proposal or Required Documentation with paper clips or in binders, folders, or any format that will make photocopying difficult
- All documents requiring signature should be signed in **BLUE** ink

### **Transmittal Form**

The proposal must include the Transmittal Form (See **Attachment N**), signed in blue ink by the individual authorized to bind the provider legally to fulfill the program requirements.

### **Statements of Cooperation**

If, in the design of the proposal, more than one agency/business will be providing services, the bidder must identify if the other party(ies) will be a partner or a subcontractor and submit a Partnership or Subcontractor Statement. These are **NOT** letters of support.

#### **A. Partnership Agreement (If applicable)**

If the program is designed as a partnership, the proposal will not be reviewed or considered for funding unless it is accompanied by a Partnership Agreement signed by an authorized representative of the partner organization that verifies the partnership and includes the following:

- Outline of the relationship between the partners
- Clear definition of the role that each partner will assume in the implementation of the project
- Name and contact number of the authorized representative in order to confirm the details of the relationship

#### **B. Subcontractor Agreement (If applicable)**

If the bidder plans to utilize a subcontractor, the proposal will not be reviewed or considered for funding unless it is accompanied by a Subcontractor Agreement signed by an authorized representative of the subcontractor that verifies the relationship. The statement should include the following:

- Outline of the relationship between the bidder and the subcontractor
- Clear definition of the role that each agency will assume in the implementation of the project
- Name and contact number of the authorized representative in order to confirm the details of the relationship

**Project Summary – a one (1) page summary of:**

1. Brief description of the assessments that will be conducted
2. The approach that will be taken to accomplish the work necessary for implementation of the program
3. The planned method of evaluating the project's effectiveness and collecting the required performance information

**Project Narrative – 10 page maximum**

Please refer to the Scope of Services and the Program Requirements as a guide for preparing the project narrative.

1. **Program Design** – Address the following items in this section of the narrative:
  - a. Define the capacity of the proposed program, specifically the number of customers who will be able to receive services
  - b. Describe the facilities that will be needed to provide the proposed services including room/space requirements, computer access, etc.
  - c. Explain the strategies that will be utilized to ensure that customers receive assessment services in a timely manner
  - d. Describe the tracking system that will be employed to ensure that assessments are completed in a timely manner during week one of the Orientation class with the results submitted to FCDJFS in both electronic and hard copy formats during week two of the Orientation class, and to ensure that one-on-one consultations with each customer regarding the assessment results are also completed during week two of the Orientation class
  - e. Explain the assessment tools and strategies that will be used to provide a comprehensive assessment of each participant
  - e. Describe the services that will be provided in order to meet the requirements of this RFP
2. **Time Line**  
Include a time line of major program activities and the staff responsible for ensuring the completion of each activity
3. **Goals and Objectives**  
Provide measurable goals and objectives for the program that address the issues of timely service provision and submission of completed examination/evaluation results to FCDJFS Workforce Development staff while remaining consistent with the requirements of this RFP
4. **System for Overall Program Evaluation**
  - a. Provide a description of how the program will track and monitor the services provided to customers
  - b. Discuss how periodic program evaluations will be completed, who will be responsible for the evaluations, and how needed changes will be addressed
5. **History and Experience** – Complete for *each* entity (provider, partner, and subcontractor)
  - a. Describe agency and staff expertise in providing these or similar services to the target population, including past performance (if applicable)
  - b. Provide a Table of Organization for the *agency* that indicates where this program will be incorporated

- c. Include a Table of Organization for this *project* and describe how the program fits into your agency's mission and vision
- d. Include in the proposal a summary of qualifications for existing staff and job descriptions for program positions that are currently vacant

### **Program Budget**

The budget for the program must reflect efficient administration and good management practices. Anticipated expenditures shown on the budget must be reasonable and in line with those of similar bidders providing comparable services.

Budget forms are attached (See **Attachment M**). These forms **must** be used to list all costs of the services proposed. No other budget format will be accepted.

Indirect costs are allowable if the provider also offers services other than those they are proposing be purchased or are responsible to a parent organization that operates other programs. The indirect cost sheet in the budget packet may be used to calculate indirect costs, or the vendor may substitute another method of calculation as long as a *detailed* explanation of the method is included. If the provider has an established indirect cost rate that is approved by a federal oversight agency such as the Department of Education or the Department of Health and Human Services, that rate may also be used alternatively in this budget.

Complete a budget for the period of June 1, 2007 to June 30, 2008. The purpose of the budget is to arrive at the total cost per participant for each component of the purchased program. The budget should be completed by listing projected expenses under each category, totaling the cost of the program, detailing the number to be served, and calculating the cost per participant.

A detailed training on completion of these budget forms will be offered during the Bidders' Conference.

### **Funding Restrictions:**

- A. Funds may not be used for building, construction, or to purchase or renovate property.
- B. Funds may not be used to supplant existing federal, state, or local funds. For example, a provider could not use these funds to substitute funding that has been earmarked for an existing program. Funds *may* be used for new approaches and/or to expand existing programs.
- C. The funding for State Fiscal Years (SFY) 2007 and 2008 are contingent upon the availability of funds for that time period.
- D. Funds cannot carry over from one fiscal year to the next.

## Attachment J

### **Interpretation and Translation Services for the Orientation and Compliance Classes Proposal Format:**

Bidders must submit a **separate** proposal and budget for each service that is proposed.

The Franklin County Department of Job and Family Services reserves the right to disqualify all proposals that do not comply with the following instructions:

- Follow the format **EXACTLY** as outlined in this RFP
- All components of the Proposal should be held together by **binder clips** at the upper left corner
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- **Do not** submit the Proposal or Required Documentation with paper clips or in binders, folders, or any format that will make photocopying difficult
- All documents requiring signature should be signed in **BLUE** ink

#### **Transmittal Form**

The proposal must include the Transmittal Form (See **Attachment N**), signed in blue ink by the individual authorized to bind the provider legally to fulfill the program requirements.

#### **Statements of Cooperation**

If, in the design of the proposal, more than one agency/business will be providing services, the bidder must identify if the other party(ies) will be a partner or a subcontractor and submit a Partnership or Subcontractor Statement. These are **NOT** letters of support.

##### **A. Partnership Agreement (If applicable)**

If the program is designed as a partnership, the proposal will not be reviewed or considered for funding unless it is accompanied by a Partnership Agreement signed by an authorized representative of the partner organization that verifies the partnership and includes the following:

- Outline of the relationship between the partners
- Clear definition of the role that each partner will assume in the implementation of the project
- Name and contact number of the authorized representative in order to confirm the details of the relationship

##### **B. Subcontractor Agreement (If applicable)**

If the bidder plans to utilize a subcontractor, the proposal will not be reviewed or considered for funding unless it is accompanied by a Subcontractor Agreement signed by an authorized representative of the subcontractor that verifies the relationship. The statement should include the following:

- Outline of the relationship between the bidder and the subcontractor
- Clear definition of the role that each agency will assume in the implementation of the project

- Name and contact number of the authorized representative in order to confirm the details of the relationship

**Project Summary – a one (1) page summary of:**

1. Description of the program activities that will be provided to participants
2. The approach that will be taken to accomplish the work necessary for implementation of the program
3. The planned method of evaluating the project's effectiveness and collecting the required performance information

**Project Narrative – 10 page maximum**

Please refer to the Scope of Services and the Program Requirements as a guide for preparing the project narrative.

1. **Program Design** – Address the following items in this section of the narrative:
  - a. Describe the process that will be used to access interpretation and translation services and the languages available
  - b. Describe the training that interpreters will receive (or have already received) that will provide a clear understanding of the ethical and professional codes of conduct
2. **Time Line**  
Include a time line of major program activities and the staff responsible for ensuring the completion of each activity
3. **Goals and Objectives**  
Provide measurable goals and objectives for the program that include and are consistent with the requirements of this RFP
4. **System for Overall Program Evaluation**
  - a. Provide a description of how the program will track and monitor performance
  - b. Discuss how interpreters and translators will be selected and the minimum qualifications that must be met to provide these services
  - c. Provide a description of how monitoring will occur to ensure quality of service for interpretation and translation services
  - d. Discuss how periodic program evaluations will be completed, who will be responsible for the evaluations, and how needed changes will be addressed
5. **History and Experience** – Complete for *each* entity (provider, partner, and subcontractor)
  - a. Describe agency and staff expertise in providing these or similar services to the target population, including past performance (if applicable)
  - b. Provide a Table of Organization for the *agency* that indicates where this program will be incorporated
  - c. Include a Table of Organization for this *project* and describe how the program fits into your agency's mission and vision
  - d. Include in the proposal a summary of qualifications for existing staff and job descriptions for program positions that are currently vacant

**Program Budget**

The budget for the program must reflect efficient administration and good management practices. Anticipated expenditures shown on the budget must be reasonable and in line with those of similar bidders providing comparable services.

Budget forms are attached (See **Attachment M**). These forms **must** be used to list all costs of the services proposed. No other budget format will be accepted.

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Complete a budget for the period of June 1, 2007 to June 30, 2008. The purpose of the budget is to arrive at the total cost per participant for each component of the purchased program. The budget should be completed by listing projected expenses under each category, totaling the cost of the program, detailing the number to be served, and calculating the cost per participant.

A detailed training on completion of these budget forms will be offered during the Bidders' Conference.

**Funding Restrictions:**

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- B. Funds may not be used to supplant existing federal, state, or local funds. For example, a provider could not use these funds to substitute funding that has been earmarked for an existing program. Funds *may* be used for new approaches and/or to expand existing programs.
- C. The funding for State Fiscal Years (SFY) 2007 and 2008 are contingent upon the availability of funds for that time period.
- D. Funds cannot carry over from one fiscal year to the next.



## Attachment K

### **Development of Work Experience Program (WEP) and Community Service Sites Proposal Format:**

Bidders must submit a **separate** proposal and budget for each service that is proposed.

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- All components of the Proposal and Required Documentation should be held together by **binder clips** at the upper left corner
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- **Do not** submit the Proposal or Required Documentation with paper clips or in binders, folders, or any format that will make photocopying difficult
- All documents requiring signature should be signed in **BLUE** ink

#### **Transmittal Form**

The proposal must include the Transmittal Form (See **Attachment N**), signed in blue ink by the individual authorized to bind the provider legally to fulfill the program requirements.

#### **Statements of Cooperation**

If, in the design of the proposal, more than one agency/business will be providing services, the bidder must identify if the other party(ies) will be a partner or a subcontractor and submit a Partnership or Subcontractor Statement. These are **NOT** letters of support.

##### **A. Partnership Agreement (If applicable)**

If the program is designed as a partnership, the proposal will not be reviewed or considered for funding unless it is accompanied by a Partnership Agreement signed by an authorized representative of the partner organization that verifies the partnership and includes the following:

- Outline of the relationship between the partners
- Clear definition of the role that each partner will assume in the implementation of the project
- Name and contact number of the authorized representative in order to confirm the details of the relationship

##### **B. Subcontractor Agreement (If applicable)**

If the bidder plans to utilize a subcontractor, the proposal will not be reviewed or considered for funding unless it is accompanied by a Subcontractor Agreement signed by an authorized representative of the subcontractor that verifies the relationship. The statement should include the following:

- Outline of the relationship between the bidder and the subcontractor
- Clear definition of the role that each agency will assume in the implementation of the project

- Name and contact number of the authorized representative in order to confirm the details of the relationship

**Project Summary – a one (1) page summary of:**

1. Brief description of the program activities that will be provided
2. The approach that will be taken to accomplish the work necessary for implementation of the program
3. The planned method of evaluating the project's effectiveness and collecting the required performance information

**Project Narrative – 10 page maximum**

Please refer to the Scope of Services and the Program Requirements as a guide for preparing the project narrative.

- 1. Program Design** – Address the following items in this section of the narrative:
  - a. Define the capacity of the proposed program, specifically the number of positions that will be developed
  - b. Describe the services that will be provided in order to meet the requirements of this RFP
  - c. Describe the processes, tools, and resources that will be used to develop the WEP and Community Service positions and include an explanation of the time line by which these items will be submitted to FCDJFS for approval
  - d. Describe how WEP and Community Service positions will be developed to accommodate the cultural needs and other identified job barriers of program participants
- 2. Time Line**  
Include a time line of major program activities and the staff responsible for ensuring the completion of each activity
- 3. Goals and Objectives**  
Provide measurable goals and objectives for the program that include and are consistent with the requirements of this RFP
- 4. System for Overall Program Evaluation**
  - a. Provide a description of how the program will track and monitor performance
  - b. Discuss how periodic program evaluations will be completed, who will be responsible for the evaluations, and how needed changes will be addressed
- 5. History and Experience** – Complete for *each* entity (provider, partner, and subcontractor)
  - a. Describe agency and staff expertise in providing these or similar services
  - b. Provide a Table of Organization for the *agency* that indicates where this program will be incorporated
  - c. Include a Table of Organization for this *project* and describe how the program fits into your agency's mission and vision
  - d. Include in the proposal a summary of qualifications for existing staff and job descriptions for program positions that are currently vacant

### **Program Budget**

The budget for the program must reflect efficient administration and good management practices. Anticipated expenditures shown on the budget must be reasonable and in line with those of similar bidders providing comparable services.

Budget forms are attached (See **Attachment M**). These forms **must** be used to list all costs of the services proposed. No other budget format will be accepted.

Indirect costs are allowable if the provider also offers services other than those they are proposing be purchased or are responsible to a parent organization that operates other programs. The indirect cost sheet in the budget packet may be used to calculate indirect costs, or the vendor may substitute another method of calculation as long as a *detailed* explanation of the method is included. If the provider has an established indirect cost rate that is approved by a federal oversight agency such as the Department of Education or the Department of Health and Human Services, that rate may also be used alternatively in this budget.

Complete a budget for the period of June 1, 2007 to June 30, 2008. The purpose of the budget is to arrive at the total cost per participant for each component of the purchased program. The budget should be completed by listing projected expenses under each category, totaling the cost of the program, detailing the number to be served, and calculating the cost per participant.

A detailed training on completion of these budget forms will be offered during the Bidders' Conference.

#### **Funding Restrictions:**

- A.** Funds may not be used for building, construction, or to purchase or renovate property.
- B.** Funds may not be used to supplant existing federal, state, or local funds. For example, a provider could not use these funds to substitute funding that has been earmarked for an existing program. Funds *may* be used for new approaches and/or to expand existing programs.
- C.** The funding for State Fiscal Years (SFY) 2007 and 2008 are contingent upon the availability of funds for that time period.
- D.** Funds cannot carry over from one fiscal year to the next.

## Attachment L

### **Required Documentation**

- ❑ **List of names and address of the provider's Board of Directors**
- ❑ **Letter of Authorization from provider's Board of Directors or other appropriate entity identifying the individual who is empowered to sign a contract, including his/her title**
- ❑ **A COPY of the last independent audit conducted for the agency or the most recent financial statement – Do NOT submit a bound original – THIS MUST BE A ONE-SIDED COPY OF THE ENTIRE DOCUMENT**
- ❑ **Certificate of Liability Insurance**
- ❑ **Articles of Incorporation**
- ❑ **Most recent Certificate of Continued Existence**
- ❑ **Equal Employment Opportunity (EEO) policy statement – can be copied from handbook**
- ❑ **Copy of Worker's Compensation Certificate showing risk number**
- ❑ **SIGNED Declaration Regarding Material Assistance/NonAssistance to a Terrorist Organization for Government Business and Funding Contracts (HLS 0038) – THIS MUST BE SUBMITTED BY EACH VENDOR**  
**([http://www.homelandsecurity.ohio.gov/DMA\\_Terrorist/HLS\\_0038\\_Contracts.pdf](http://www.homelandsecurity.ohio.gov/DMA_Terrorist/HLS_0038_Contracts.pdf))**
- ❑ **SIGNED W-9 - THIS MUST BE SUBMITTED BY EACH VENDOR**  
**(<http://www.irs.gov/pub/irs-fill/fw9.pdf>)**

Attachment M

**BUDGET DOCUMENTS**

PROVIDER:	<hr/>		
ADDRESS:	<hr/>		
	<hr/>		
DIRECTOR/PRESIDENT:	<hr/>		
PHONE #:	<hr/>	FAX #:	<hr/>
E-MAIL:	<hr/>		
CONTACT PERSON:	<hr/>		
PHONE #:	<hr/>	FAX #:	<hr/>
E-MAIL:	<hr/>		

SERVICE TO BE PROVIDED:	<hr/>		
	<hr/>		
	<hr/>		
CONTRACT/BUDGET PERIOD:	<u>June 1, 2007</u>	TO	<u>June 30, 2008</u>
AMOUNT REQUESTED:	<hr/>	TOTAL NUMBER TO BE SERVED (non-duplicated):	<hr/>
TOTAL COST PER INDIVIDUAL SERVED:	<hr/>	TOTAL HOURS FOR EACH PARTICIPANT:	<hr/>
TARGET POPULATION:	<hr/>		
	<hr/>		

PARTNER/SUBCONTRACTOR:	<hr/>		
ADDRESS:	<hr/>		
	<hr/>		
CONTACT PERSON:	<hr/>		
PHONE #:	<hr/>	FAX #:	<hr/>
E-MAIL:	<hr/>		

PARTNER/SUBCONTRACTOR:	<hr/>		
ADDRESS:	<hr/>		
	<hr/>		
CONTACT PERSON:	<hr/>		
PHONE #:	<hr/>	FAX #:	<hr/>
E-MAIL:	<hr/>		

## LOCATION OF SERVICES

SITE LOCATION:	
ADDRESS:	
CITY/STATE/ZIP:	

SITE LOCATION:	
ADDRESS:	
CITY/STATE/ZIP:	

SITE LOCATION:	
ADDRESS:	
CITY/STATE/ZIP:	

SITE LOCATION:	
ADDRESS:	
CITY/STATE/ZIP:	

## SCHEDULE

<u>DAYS</u>	<u>HOURS OF PROGRAM OPERATION</u>
MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
SATURDAY	
SUNDAY	

## **RECAP OF COST SUMMARY**

I.	<u><b>STAFF COSTS</b></u>	Estimated Costs	
A.	Salaries	\$	
B.	Payroll Related Expenses	\$	
C.	Consultation Fees	\$	
	<b>TOTAL STAFF COSTS</b>		<b>\$</b>
II.	<u><b>OPERATIONAL COSTS</b></u>		
A.	Travel	\$	
B.	Consumable Supplies	\$	
C.	Occupancy Costs	\$	
D.	Insurance Costs	\$	
E.	Indirect Costs/Administrative Overhead	\$	
F.	Other – Miscellaneous	\$	
G.	Stipends Paid to Training Participants	\$	
	<b>TOTAL OPERATIONAL COSTS</b>		<b>\$</b>
III.	<u><b>EQUIPMENT COSTS</b></u>		
A.	Small Equipment Purchases	\$	
B.	Leased and Rented Equipment	\$	
C.	Equipment Subject to Depreciation	\$	
	<b>TOTAL EQUIPMENT COSTS</b>		<b>\$</b>
	<b>TOTAL PROGRAM COSTS</b>		<b>\$</b>

**I. A. SALARIES**

A	B	C	D	E	F
Position Title	Filled (F) or Vacant (V)	# of Full-Time Equivalent Positions	Total Salary for Budget Period	Percent of Time Dedicated to Program	Salary Cost (C x D x E)
<b>TOTAL SALARY COSTS</b>					<b>\$</b>

- DIRECT STAFF: ALL STAFF WHOSE TIME IS SPENT WORKING DIRECTLY WITH THE PROGRAM SHOULD BE LISTED HERE – INCLUDE FULL TIME AND PART TIME STAFF
- INDIRECT STAFF: ONLY LIST INDIRECT STAFF IF YOU ARE NOT CLAIMING INDIRECT COSTS ON THIS BUDGET DOCUMENT \*\*\***DO NOT LIST IN BOTH**\*\*\*
- FULL TIME EQUIVALENCY MAY BE DEFINED ACCORDING TO AGENCY'S POLICY (E.G. 37 – 40 HOURS)

**EXAMPLE OF COMPLETED FORM:**

A	B	C	D	E	F
Position Title	Filled (F) or Vacant (V)	# of Full-Time Equivalent Positions	Total Salary for Budget Period	Percent of Time Dedicated to Program	Salary Cost (C x D x E)
Youth Leader	F	2.00 FTE	\$ 25,000.00	100%	\$ 50,000.00
Social Worker	V	0.50 FTE	\$ 12,500.00	50%	\$ 6,250.00
Program Supervisor	F	1.00 FTE	\$ 30,000.00	75%	\$ 22,500.00
<b>TOTAL SALARY COSTS</b>					<b>\$ 78,750.00</b>

\*\*If you include Agency Director (or others) here you cannot include his/her salary in the indirect costs

**Explanation:**


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**I.B. PAYROLL RELATED EXPENSES**

(Indicate Formula)	Payroll Related Expenses
Social Security	\$
Workers' Compensation	\$
Unemployment Insurance	\$
Retirement Expense	\$
Hospitalization Insurance Premium	\$
Other (Identify) _____	\$
_____	\$
_____	\$
<b>TOTAL PAYROLL RELATED EXPENSES</b>	<b>\$</b>

- INDICATE THE FORMULA USED TO DETERMINE THE PAYROLL RELATED EXPENSES  
E.G. \$50,000 X .0765, (USE PERCENTAGES AS CURRENTLY USED BY AGENCY)
- HOSPITALIZATION INSURANCE: IF COST DIFFERS PER INDIVIDUAL USE ACTUAL COSTS, IF KNOWN, OR USE AN AVERAGE PREMIUM COST FOR THE STAFF INVOLVED IN THE SERVICE
- IF USING AN AVERAGE COST PER STAFF MEMBER, CALCULATE THE NUMBER OF STAFF LISTED FOR HOSPITALIZATION COSTS BY DETERMINING HOW MANY FTE'S RECEIVE INSURANCE AS FOLLOWS:

<u>Position</u>	<u>Time spent with program</u>	<u>Equivalent FTE</u>	
Intake Worker	100%	1.00	
Intake Worker	75%	0.75	
Secretary	50%	0.00	(part time not eligible for benefits)
Supervisor	25%	<u>0.25</u>	
		Total FTE's =	2.00

- ANY COSTS LISTED IN "OTHER" SHOULD BE IDENTIFIED ON THIS FORM OR IN AN ATTACHMENT

**Explanation:**

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## **I. C. CONSULTATION FEES**

Type of Consultation	Function Performed	Fee Per Hour	Estimate of Use	Total
<b>TOTAL CONSULTATION FEES</b>				<b>\$</b>

- CONSULTATION FEES **MAY NOT** BE PAID TO AGENCY EMPLOYEES
- IF CONSULTANTS ARE USED ON A REGULAR BASIS, SUCH AS AN ACCOUNTING SERVICE, THIS COST MAY BE INCLUDED IN THE INDIRECT COST SECTION **OR** A PERCENTAGE MAY BE INCLUDED HERE IF THE PROPOSAL CLAIMS NO INDIRECT COSTS
- BE SPECIFIC ABOUT THE TYPE OF CONSULTATION OR CONTENT THAT WILL BE PURCHASED AND THE BASIS FOR FEES TO BE PAID (\$50.00 per hour, \$200.00 per day, etc.)

**Explanation:**

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**II. A. TRAVEL**

	Total Cost
<b>AGENCY VEHICLE EXPENSES</b>	
a. Gasoline and Oil	\$
b. Vehicle Repair	\$
c. Vehicle License	\$
d. Vehicle Insurance	\$
e. Other _____	\$
Mileage Reimbursement @ _____ per _____ reimbursement rate # of miles	\$
Conference, Meetings, Etc.	\$
Purchased Transportation	\$
<b>TOTAL TRAVEL</b>	<b>\$</b>

- MILEAGE RATE FOR THE PROPOSAL MUST BE THE SAME RATE THAT IS STANDARD FOR THE PROPOSING AGENCY BUT **CANNOT EXCEED \$0.485 PER MILE**
- CONFERENCE AND MEETING RELATED COSTS MUST BE RELEVANT TO THE SERVICE WHICH IS BEING PROPOSED
- TYPICALLY BOTH VEHICLE EXPENSES AND MILEAGE REIMBURSEMENT ARE NOT INCLUDED; HOWEVER, IF BOTH ARE APPROPRIATE IDENTIFY WHICH PART OF THE SERVICE WILL INCLUDE WHICH KIND OF TRAVEL EXPENSE

**Explanation:**


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## **II. B. CONSUMABLE SUPPLIES**

		Consumable Supplies
Office Supplies		\$
Program Supplies		\$
Other ( <b>Specify</b> )		
<b>TOTAL CONSUMABLE SUPPLIES</b>		\$

- PROVIDE DETAILS FOR **ALL** LISTED EXPENSES
- ALL CONSUMABLE SUPPLIES SHOULD BE DESCRIBED AND COSTS SHOULD BE REASONABLE

**Explanation:**

## **II.C. OCCUPANCY COSTS**

A. Rental @ \$\_\_\_\_\_ per square foot

Or

B. Usage allowance/depreciation @ \_\_\_\_\_% rate of

Original acquisition cost of \$ \_\_\_\_\_

By Program Square Footage Percentage (Program

Square Footage \_\_\_\_\_ divided by Provider Square

Footage \_\_\_\_\_ = \_\_\_\_\_%) \$

Maintenance and Repairs: \$

Utilities (If not included in rent):

Heat & Light \$ \_\_\_\_\_

Telephone \$ \_\_\_\_\_

Water \$ \_\_\_\_\_ \$

**TOTAL OCCUPANCY COSTS** \$

- IF OCCUPANCY COSTS ARE INCLUDED IN THIS SECTION, THEY **WILL NOT BE** INCLUDED IN THE INDIRECT COSTS PORTION OF THE BUDGET UNLESS, FOR EXAMPLE, ADDITIONAL SPACE IS RENTED FOR THIS SERVICE AND THERE IS OTHER SHARED SPACE THAT IS INCLUDED IN THE INDIRECT COSTS
- EITHER THE RENTAL LINE (ITEM A) **OR** THE FORMULA FOR USAGE ALLOWANCE/DEPRECIATION (ITEM B) SHOULD BE COMPLETED, **NOT BOTH**
- MAINTENANCE AND REPAIRS COSTS CAN BE INCLUDED ONLY IF THE BUILDING IS OWNED BY THE AGENCY OR IF THESE COSTS ARE SPECIFIED IN A LEASE AS THE RESPONSIBILITY OF THE LESSEE
- HEAT, LIGHT, AND WATER MAY BE INCLUDED IF SPECIFIC TO SPACE OCCUPIED BY THIS PROGRAM AND NOT INCLUDED IN THE RENT
- DEPRECIATION RATE MUST BE SUBSTANTIATED IN AN AUDIT

**Explanation:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## II. D. INSURANCE COSTS

(Excluding Vehicle Insurance)

Liability .....	\$
Property .....	\$
Accident .....	\$
Other (specify):	
.....	\$
.....	\$
.....	\$
.....	\$
<b>TOTAL INSURANCE COSTS</b>	<b>\$</b>

- INCLUDE INSURANCE COSTS HERE IF ADDITIONAL OR SPECIFIC COVERAGE MUST BE OBTAINED FOR THIS SERVICE
- A PERCENTAGE OF THE TOTAL AGENCY COST FOR INSURANCE MAY BE LISTED HERE ONLY IF NOT INCLUDED IN INDIRECT COSTS

**Explanation:**

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

## **II. E. INDIRECT COSTS/ADMINISTRATIVE OVERHEAD**

**STEP 1:** To calculate indirect costs the first step is to determine the total amount of costs that are expended by the agency in support of more than one program, but at least including the program covered by this budget.

**DO NOT DUPLICATE COSTS THAT WERE REPORTED IN SECTIONS I.A. THROUGH III.B.**

### **Total Indirect Cost Pool of Provider**

1.	Salaries (agency staff other than direct program staff)	\$
2.	Payroll-Related Expenses (Social Security, Workers' Compensation, etc.)	\$
3.	Consultation Fees (those used on a regular basis)	\$
4.	Travel (vehicle expenses and mileage other than for program staff)	\$
5.	Consumable Supplies (office supplies, cleaning supplies, etc.)	\$
6.	Rent (only if not reported in Section II.C. or if additional space is leased)	\$
7.	Building Depreciation	\$
8.	Maintenance and Repair of Building and Grounds	\$
9.	Utilities (heat and light, telephone, and water – if not included in rent)	\$
10.	Insurance (liability, property, accident, or other)	\$
11.	Equipment Depreciation	\$
12.	Small Equipment Purchases	\$
13.	Leased and Rented Equipment	\$
14.	Other: _____	\$
15.	Other: _____	\$
<b>TOTAL</b>		<b>\$</b>

\*The total of items 1 through 15 should be entered as item C in the Step 2 formula below.

**STEP 2:** The second step is to complete the formula below in order to determine the percentage of indirect costs that may be applied to this budget.

A	B	C	D	E
Direct Staff Program Costs	Direct Staff Total Costs	Total Indirect Cost Pool (from Step 1)	Percentage of Indirect Cost Applicable to Proposed Services (A ÷ B)	Indirect Cost for Proposed Services (C x D)
\$	\$	\$	%	\$

### **Method for Computing the Percentage of Indirect Costs Applicable to Proposed Services:**

**Direct Staff Program Costs** – Use the figure from section I.A. of the budget documents

**Direct Staff Total Costs** – Add item A from the above box (direct staff costs for this program) plus the direct staff salary costs for all other agency programs

**Total Indirect Cost Pool** – Use the total from Step 1 above

**Percentage of Indirect Cost Applicable to Proposed Services** – Divide item A (Direct Staff Program Costs) by item B (Direct Staff Total Costs)

**Indirect Cost for Proposed Services** – Multiply item C (Total Indirect Cost Pool) by item D (Percentage of Indirect Cost Applicable to Proposed Services)

**NOTE:** The amount of Indirect Costs cannot exceed 15% of the total budget request.

\*\*If some other method is used to calculate the indirect costs the bidder must specifically describe the method used to determine the appropriate indirect costs figure.

**Explanation:**

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**II. F. OTHER – MISCELLANEOUS**

(INCLUDING MEDIA COSTS)

Memberships/Subscriptions .....	\$
Printing .....	\$
Mailing/Postage .....	\$
Other (Identify):	
.....	\$
.....	\$
.....	\$
.....	\$
.....	\$
.....	\$
<b>F. TOTAL MISCELLANEOUS COSTS (total from above)</b>	<b>\$</b>

- MEMBERSHIPS AND SUBSCRIPTIONS MUST BE RELEVANT OR NECESSARY TO THE PROPOSED SERVICE
- ADVERTISING FOR UNFILLED POSITIONS IS ALLOWABLE IF POSITION IS NEEDED TO PROVIDE THIS SERVICE
- IF COSTS ARE LISTED AS “OTHER” THEY **MUST** BE SPECIFIED AND EXPLAINED ON THIS FORM OR IN AN ATTACHMENT

**Explanation:**


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**II. G. STIPENDS PAID TO TRAINING PARTICIPANTS (if applicable)**

<b>G. TOTAL STIPENDS</b> (Provide the formula used to calculate the total below)*	<b>\$</b>
.....	
.....	
.....	
.....	
.....	

\* These are NOT wages



**III. A. SMALL EQUIPMENT PURCHASES****UNDER \$500**

A	B	C	D	E	F
Item of Equipment	Quantity Charge to Program	Cost per Item	Total Cost (B x C)	% of Use for Program	Charge to Program (D x E)
<b>TOTAL SMALL EQUIPMENT PURCHASES</b>					<b>\$</b>

**Explanation:**


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**III. B. LEASED AND RENTED EQUIPMENT**

A	B	C	D	E	F	G
Item of Equipment	Model & Year of Equipment	Quantity	Cost per Item	Annual Usage/ Rental Charge (C x D)	% use for Program	Charge to Program (E x F)
<b>TOTAL LEASED &amp; RENTED EQUIPMENT</b>						<b>\$</b>

- LEASED AND RENTED EQUIPMENT SHOULD BE INCLUDED IN INDIRECT COSTS UNLESS ACQUIRED SPECIFICALLY FOR THIS PROGRAM. A PERCENTAGE OF THE COST MAY BE INCLUDED HERE IF NO INDIRECT COSTS ARE INCLUDED IN THIS BUDGET

**Explanation:**


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**TOTAL INCOME FOR BUDGET PERIOD****A. INCOME FOR SERVICES UNDER CONTRACT:**

- |  |          |    |
|--|----------|----|
| 1. Amount Requested from Budget Cover Page             |          | \$ |
| 2. Other funding that will support contracted services |          |    |
| Federal  | \$ _____ |    |
| State  | \$ _____ |    |
| County   | \$ _____ |    |
| Municipal  | \$ _____ | \$ |
| 3. Fees from private consumers                         |          | \$ |
| 4. Contributions                                       | _____    | \$ |
|  | _____    | \$ |
|  | _____    | \$ |
| 5. Miscellaneous                                       | _____    | \$ |
|  | _____    | \$ |
|  | _____    | \$ |

TOTAL INCOME FOR SERVICE UNDER CONTRACT	\$
---	----

**B. INCOME FOR OTHER SERVICES PROVIDED BY AGENCY OR UNIT NOT UNDER CONTRACT:** Total agency budget EXCEPT for services listed above

- |   |    |
|---|----|
| 1. From Private Consumers                   | \$ |
| 2. Federal Money (Grants or Contracts)      | \$ |
| 3. State, Country, or Municipal Allocations | \$ |
| 4. Contributions                            | \$ |
| 5. Miscellaneous                            | \$ |

TOTAL OTHER SERVICES INCOME	\$
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<b>TOTAL AGENCY INCOME (A + B)</b>	<b>\$</b>
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**Attachment N**

**TRANSMITTAL FORM**

**FRANKLIN COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES  
80 EAST FULTON STREET  
4<sup>TH</sup> FLOOR  
COLUMBUS, OHIO 43215  
614.462.3337  
FAX: 614.462.6451**

**TO: JANE WHYDE, DEPUTY DIRECTOR OF DEVELOPMENT SUPPORT SERVICES**

**RE: WORKFORCE DEVELOPMENT SERVICES RFP**

The \_\_\_\_\_ does not discriminate in its employment practices  
(Agency/Organization)  
with regard to race, color, religion, sex, sexual orientation, age, disability, national origin,  
Vietnam-era veteran's status, ancestry, health status, or need for health services.

Our agency/organization is a legal entity registered with the State of Ohio. Our tax status is  
\_\_\_\_\_. Our tax ID # is: \_\_\_\_\_.

Our agency/organization is willing to accommodate on-site visits to our facilities and any  
facilities of our subcontractors and/or partners by FCDJFS and/or its designees.

Our agency/organization will comply with Title VI and any other requirements of the funding  
source.

Our agency attests that funds awarded as a result of this RFP will not be used to supplant  
existing federal, state, or local funds.

The following individual(s) prepared this proposal: \_\_\_\_\_  
\_\_\_\_\_.

Our agency/organization will welcome announced and unannounced visits by the FCDJFS  
staff and/or their designees at all of our facilities.

This proposal does not deviate from the specifications and requirements of the RFP. Should  
any occur, a detailed explanation is attached.

By signing this form, I do hereby affirm that all of the information provided is accurate.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Agency/Organization)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

**Attachment O**

**LETTER OF INTENT TO SUBMIT A RESPONSE TO A  
REQUEST FOR PROPOSAL (RFP)**

**FRANKLIN COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES  
80 East Fulton Street, 4<sup>th</sup> Floor  
Columbus, Ohio 43215  
Fax: 614.462.6451**

**\*\*\* PLEASE PRINT CLEARLY OR TYPE \*\*\***

TO: Jane Whyde, Deputy Director of Development Support Services

FROM: Director/President/CEO: \_\_\_\_\_ Phone: \_\_\_\_\_  
(NAME)

E-mail Address: \_\_\_\_\_

RE: Letter of Intent for **WORKFORCE DEVELOPMENT SERVICES RFP**

\_\_\_\_\_ intends  
(Agency/Business)

to submit a proposal in response to the Request for Proposal for service(s) indicated below. Please direct all correspondence to the contact person listed below.

- \_\_\_\_\_ Orientation Classes
- \_\_\_\_\_ Comprehensive Assessment
- \_\_\_\_\_ Barrier Intervention and Compliance Classes
- \_\_\_\_\_ Interpretation and Translation Services for the Orientation and Compliance Classes
- \_\_\_\_\_ Computer Training
- \_\_\_\_\_ Job Readiness Activities
- \_\_\_\_\_ Development of Work Experience Program and Community Service Sites

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Ste/FI: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Submission of this form by **4:00 PM on the day of the Bidders' Conference** will ensure your inclusion in the notice list for correspondence regarding addenda to or clarification of this RFP. After the Bidders' Conference, all subsequent questions and answers will be forwarded upon receipt of the Letter of Intent. Failure to submit a Letter of Intent will result in the provider's exclusion from this list, which will result in missing notification of significant information regarding this process.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Agency)

\_\_\_\_\_  
(Title)

**Attachment P****WORKFORCE DEVELOPMENT SERVICES RFP  
PROPOSAL REVIEW SHEET – STAFF REVIEW****Agency Name Reviewed:** \_\_\_\_\_**Date:** \_\_\_\_\_**Reviewer:** \_\_\_\_\_**Agency of Reviewer:** \_\_\_\_\_

<b>POINTS</b>	<b>PROPOSAL</b>	<b>COMMENTS</b>
Maximum = 2	Q1. Proposing agency submitted the correct number of packets (the original proposal with budget + nine copies; the original required documentation + one copy).	
Maximum = 3	Q2. The proposal format was followed according to the guidelines required in the RFP.	
Maximum = 3	Q3. The budget was completed correctly and accurately on the forms provided and the line item costs appear reasonable for the services being provided.	
Maximum = 2	Q4. All required documentation was submitted, including Partnership and/or Subcontractor Agreements (if applicable).	
<b>MAXIMUM = 10</b>	<b>TOTAL POINTS</b>	

**Reviewer Signature:** \_\_\_\_\_**Date:** \_\_\_\_\_

## WORKFORCE DEVELOPMENT SERVICES RFP PROPOSAL REVIEW SHEET – REVIEW TEAM

Agency Name Reviewed: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewer: \_\_\_\_\_

Agency of Reviewer: \_\_\_\_\_

POINTS	PROPOSAL	COMMENTS
Maximum = 20	Q1. The proposal clearly demonstrates that the program design will result in the achievement of desired outcomes for the individual and/or community.	
Maximum = 10	Q2. The program description thoroughly addresses <u>how</u> , <u>when</u> , <u>where</u> , and <u>to whom</u> services will be provided.	
Maximum = 10	Q3. Services are realistic and clearly specified.	
Maximum = 10	Q4. Program goals and service objectives are outlined in clear, specific, and <i>measurable</i> terms.	
Maximum = 10	Q5. Method to evaluate program effectiveness is appropriate and sound.	
Maximum = 10	Q6. Proposal adequately describes the history, mission, and expertise of the applicant agency and substantiates experience in providing these or similar services, including past performance.	
Maximum = 20	Q7. Costs are appropriate and reasonable for the numbers to be served and the service being provided.	
<b>MAXIMUM = 90</b>	<b>TOTAL POINTS</b>	

Reviewer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Attachment Q

**Proposal/Required Documentation Checklist**

Agency: \_\_\_\_\_ Date: \_\_\_\_\_

RFP: WORKFORCE DEVELOPMENT SERVICES

**PART ONE – PROPOSAL:**

**Submit the *COLLATED* original and NINE (9) copies of the following (total of 10):**

1. \_\_\_\_\_ Transmittal Form (See Attachment N)
2. \_\_\_\_\_ Partnership Statement (If applicable)
3. \_\_\_\_\_ Subcontractor Statement (If applicable)
4. \_\_\_\_\_ Project Summary: Limit 1 page
5. \_\_\_\_\_ Project Narrative: 10 page maximum
  - a. \_\_\_\_\_ Program Design
  - b. \_\_\_\_\_ Time Line
  - c. \_\_\_\_\_ Goals and Objectives
  - d. \_\_\_\_\_ System for Overall Program Evaluation
  - e. \_\_\_\_\_ History and Experience of Provider
6. \_\_\_\_\_ Table of Organization for Agency and Program
7. \_\_\_\_\_ Summary of Qualifications for Current Employees/Job Descriptions for Vacant Positions
8. \_\_\_\_\_ Detailed Outline of Proposed Curriculum (If applicable)
9. \_\_\_\_\_ Assessment/Evaluation Tools (If applicable)
10. \_\_\_\_\_ Budget Documents (See Attachment M)

## **Proposal/Required Documentation Checklist**

Agency: \_\_\_\_\_ Date: \_\_\_\_\_

RFP: WORKFORCE DEVELOPMENT SERVICES

### **PART TWO – REQUIRED DOCUMENTATION:**

**Submit the *COLLATED* original and ONE (1) copy of the following (total of 2):**

1. \_\_\_\_\_ List of names and addresses of the provider's Board of Directors
2. \_\_\_\_\_ Letter of Authorization from the provider's Board of Directors or other appropriate entity identifying the individual who is empowered to sign a contract, including his/her title
3. \_\_\_\_\_ A COPY of the last independent audit or financial statement for the agency – Do NOT submit a bound original – THIS MUST BE A ONE-SIDED COPY OF THE ENTIRE DOCUMENT
4. \_\_\_\_\_ Certificate of Liability Insurance
5. \_\_\_\_\_ Articles of Incorporation
6. \_\_\_\_\_ Most recent Certificate of Continued Existence
7. \_\_\_\_\_ Equal Employment Opportunity (EEO) policy statement
8. \_\_\_\_\_ COPY of Worker's Compensation Certificate showing risk number
9. \_\_\_\_\_ SIGNED Declaration Regarding Material Assistance/NonAssistance to a Terrorist Organization for Government Business and Funding Contracts (HLS 0038) – REQUIRED OF EACH VENDOR  
([http://www.homelandsecurity.ohio.gov/DMA\\_Terrorist/HLS\\_0038\\_Contracts.pdf](http://www.homelandsecurity.ohio.gov/DMA_Terrorist/HLS_0038_Contracts.pdf))
10. \_\_\_\_\_ SIGNED W-9 – REQUIRED OF EACH VENDOR  
(<http://www.irs.gov/pub/irs-fill/fw9.pdf>)



## **Attachment R**

### **Documents That Will Be Available at the Bidders' Conference**

- Franklin County Department of Job and Family Services Ohio Works First Self-Sufficiency Contract
- Franklin County Department of Job and Family Services Ohio Works First Self-Sufficiency Plan
- Work Experience Program (WEP) Work Site Sponsor Agreement
- Work Experience Program (WEP) Sponsor Handbook
- Work Experience Program (WEP) Directory
- IRS Independent Contractor Test